STD. 262 (REV.	9/2007)					ns and *Pri n Reverse S			Page	Page of Pages				
CLAIMANT'S NA	AME					SSN or EMPLOYEE NUMBER* DEPARTMENT								
POSITION			CB/ID) No.		DIVISION or BUREAU						INDEX NUMBER		
RESIDENCE AD	DDRESS *					HEADQUAR	TERS ADDRI	ESS			TELEPHO	NE NUMBEF		
							-							
CITY		STAT	E ZIP C	ODE		CITY STATE ZIP COD								
(1) NORMAL WO	DRK HOURS					(2) PRIVATE V	/EHICLE LICI	ENSE NUI	MBER	(3) M	LEAGE RATE	CLAIMED		
(4) MONTH/YEAR	(6)	(7)	(8)	MEALS		(9)	(10)	0) TRANSPORTATION				(11)	(12)	
	LOCATION WHERE EXPENSES		BREAK-		O.T., L/		(A)	(B) (C)		DDIVA	(D)	-	TOTAL	
(5) DATE TIME	WERE INCURRED	LODGING	FAST	LUNCH	OR DINNE	TALS	TRANS.	TYPE USED	TOLLS, PARKING	MILES		EXPENSE	FOR DAY	
(13)	SUBTOTALS													
COLUMN	CODE (ACCTG. USE ONLY	")												
	CLAIM TOTAL													
(14) PURPOSE	OF TRIP, REMARKS AND DETAILS (Attach receipts/v	ouchers whe	n required)						А	GENCY AC	COUNTING	OFFICE	
												E ONLY		
										PAID	BY REVOLVIN	IG FUND CHE	ECK NUMBE	
(15) I HERE used, a	BY CERTIFY That the above is a true and if mileage rates exceed the minimulations 0750, 0751, 0752, 0753 and 07	statement of th	e travel expe	enses incurred	d by me in the vehicle	accordance wi	th DPA rules or greater than	in the ser	vice of the State	of Califo t I have r	rnia. If a priva	itely owned ver	ehicle was scribed by	
SAM Se CLAIMANT'S SI		54 pertaining to	vehicle safety DATE	y and seat be					NG TRAVEL AN			ATE		
>=					×									

DATE

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE (See Item 17 on reverse)

TRAVEL EXPENSE CLAIM See Instructions and *Privacy

STD. 26	Staten	tement on Reverse Side					e _	1	of		1	Pages						
	IT'S NAME			SSAN OR EMPLOYEE NUMBER* DEPARTMENT Managed Health Care DIVISION OR BUREAU INDEX NUMBER														
POSITION		_		R BUREAU to HQ					I	UMBER 1000	R							
RESIDENCE ADDRESS*						HEADQUARTERS ADDRESS TELEPHON 980 9th Street Ste. #500 322								ONE NU 22-207				
CITY STATE ZIP COD				Sacramento					STAT CA	١			ZIP 9581					
	NTH / YEAR	(3)	(4)	(5)	======================================				TRANSPOR			====	(8)	(9)				
Ма	rch-09	LOCATION				O.T., LT,		INCIDEN-	(A)			(C)Carfare,	(D) Private Car Use			BUSINESS	TOTAL	
DATE	(2) TIME	Where Expenses Were Incurred	LODGING	Break- fast	Lunch		, Relo. Dinner	TALS	Cost of Trans.			Tolls, Parking	Miles	An	nount	EXPENSE	EXPENSES FOR DAY	
9-Mar	8:00	Sac to SF	161.83		10.00			6.00		SC	;	68.00					\$245.83	
10-Mar		Summit	161.83	6.00		18	3.00	6.00		-	+					14.11	\$205.94	
11-Mar	10:00	SF to Sac		6,00						SC	;	4,00					\$10.00	
																	\$0.00	
																	\$0.00 \$0.00	
																	\$0.00	
																	\$0.00	
																	\$0.00	
																	\$0,00	
											4						\$0.00	
(10) SUBT			323.66	12.00	10.00	18	3.00	12.00	0.00			72.00	0			14.11	\$461.77	
COLUMN	CODE (ACCTG.	USE ONLY)														\$4	61.77	
(11) PURPO	OSE OF TRIP, I	REMARKS AND DETAIL	S (Attach rec	eipts/vouc	hers when	require	d)							(12) N	(12) NORMAL WORK HOURS			
		t the Director											<u>n</u>		0800-1700			
		es drove to Sar rformance Su							artnei	s Mee	etin	g	-	(13) PF	RIVATE V	EHICLE LICEN PAX5841	SE#	
3/10 D	ay two of	Pay for perform	nance su	ımmit				-					-	(14) M	ILEAGE R	RATE CLAIMED	1	
	3/11 Attended additional meeting before driving back to Sacramento 3/10 Business Expense was for e-mail and document charges													AGENC	0.55 Y ACCOUNTIN	IG OFFICE		
State of Cal was equal t	-												P	AID BY R	USE ONLY REVOLVING FU	ND CHECK #		
	'S SIGNATURE			DATE	/00.00	(16) SI	IGNATUI	RE OF OFFIC	ER APP	ROVING	TRA	VEL AND PA	YMENT			DATE	10/0000	
>> (17) SPEC	IAL EXPENSE	AUTHORIZATION - SIG	NATURE AND		/2009 ee Item 17	>> on rever	rse)									DATE	19/2009	
>>																		

	Send			Data	Cle	ar	Print		Impor	tant Note	1				
TRA		FORNIA - DEPARTMENT OF PERSON EXPENSE CLAIM 9/2007)	INEL ADMINIS	STRATION		structions nent On F					Page	1 of	1 Pag	jes	
	NT'S NA						SSN or EMPI	LOYEE NUME	BER*			RTMENT			
POSITI		EHNES		CB/ID	No	ſ	DIVISION or	BURFAU			DMF	IC .	INDEX NU	MBER	
	ECTO	R		NON		37		OR'S OF	FICE				1000		
RESIDE	NCE AD	DRESS *			TERS ADDRE		no Lamba fo			TELEPHONE NUMBER					
CITY				980 9TH STREET, SUITE 500						322-2012 ZIP CODE					
CILI			STAT	E ZIP CO	JUL .		SACRAN	MENTO				STATE CA	95814		
(1) NOR	MAL WO	RK HOURS				(2) PRIVATE V	EHICLE LICE	NSE NU	MBER	(3) MII	EAGE RATE	CLAIMED		
(4) MON	ΓΗ/YEAR	(6)	(7)	(8)	MEALS		(9)	(10)		TRANSPORTA	TION		(11)	(12)	
03/0	4-09	LOCATION WHERE EXPENSES	}	PDEAR		O.T., L/T, N/C, RELO.		(A)	(B) (C)			(D)		TOTAL	
(5) DATE	TIME	- WERE INCURRED	LODGING	BREAK- FAST	LUNCH	OR DINNER	INCIDEN- TALS	COST OF TRANS.	TYPE USED	CARFARE, TOLLS, PARKING	MILES	AMOUNT	BUSINESS EXPENSE	FOR DAY	
03/09	0800 1700	Sac to San Francisco RT							SC	4.00		0.00		4.00	
04/13	0700 1700	Sac to San Francisco RT							SC	12.00		0.00		12.00	
												0.00		0.00	
72-												0.00		0.00	
<u> </u>												0.00		0.00	
8												0.00		0.00	
1												0.00		0.00	
<u> </u>												0.00		0.00	
£					3							0.00		0.00	
												0.00		0.00	
												0.00		0.00	
115												0.00		0.00	
(13)	25	SUBTOTALS	0.00	0.00	0.00	0.00	0.00	0.00		16.00	0.00	0.00	0.00	16.00	
CO	LUMN	CODE (ACCTG. USE ONLY)													
6	30	CLAIM TOTAL												\$16.00	
VISIO RECEDION		OF TRIP, REMARKS AND DETAILS (Att			NOC 707520000 1000765						A		COUNTING OFFICE		
		National Pay for Performa ting w/ Health Evolution Pa				ly claime	ed				PAID E	2000	SE ONLY NG FUND CHECK NUMBER		
RT =	Roun	d Trip													
(15)	HEREI	BY CERTIFY That the above is a true s	tatement of th	e travel exper	ses incurred	by me in ac	cordance wil	th DPA rules	in the sei	vice of the State	of Califor	nia. If a priva	tely owned ve	ehicle was scribed by	
CLAIMA	SAM Se	ections 0750, 0751, 0752, 0753 and 0754 GNATURE	pertaining to	vehicle safety	and seat bel	t usage.				NG TRAVEL AND			ATE		
29 .		1000-0-1005-0-5 ⁴ 000000		5/10/2000 NO	18/09	(10) GIC		. C. LIDLICA					06/18	/09	
(17) SP	ECIAL EX	XPENSE AUTHORIZATION - SIGNATUR	RE and TITLE	(See Item 17	on reverse)	9						D/	o6/18	3/09	
													1.6 (8)(1.5)		

	Send		41	Data	Cle	ar	Print		Impor	tant Note						
TRA		FORNIA - DEPARTMENT OF PERSOI EXPENSE CLAIM 9/2007)	NNEL ADMINIS	STRATION			s and *Pri Reverse \$				Page	1 of	1 Pag	es		
	ANT'S NA						SSN or EMP	LOYEE NUME	BER*		10 5175 10 10	RTMENT				
POSITI	TEN: Extremel .	A. EHNES		CB/ID	No.		DIVISION or	BUREAU			DMF	IC	INDEX NUI	MBER		
				NON	Ī		DIRECT	OR'S OF	FICE				1000	1000		
RESIDE	NCE AD	DRESS *			TERS ADDRE					TELEPHONE NUMBER						
CITY			980 91H	STREET			322-2012 STATE ZIP CODE									
						5	SACRAMENTO						A 95814			
(1) NOR	MAL WO	RK HOURS				(2) PRIVATE \	EHICLE LICE	NSE NU	MBER	(3) MIL	EAGE RATE	CLAIMED			
(4) MONT	ΓΗ/YEAR	(6)	(7)	(8)	MEALS	-	(9)	(10)		TRANSPORTA	TION		(11)	(12)		
	2009	LOCATION WHERE EXPENSES WERE INCURRED	7	BREAK-		O.T., L/T N/C, RELO		(A) COST OF	(B) TYPE	(C) CARFARE,	PRIVAT	(D) TE CAR USE	BUSINESS	TOTAL EXPENSES		
(5) DATE	TIME	WERE INCORRED	LODGING	FAST	LUNCH	OR DINNER	TALS	TRANS.	USED	TOLLS, PARKING	MILES	AMOUNT	EXPENSE	FOR DAY		
3-13	0900 1800	San Jose to Sac						32.00	R			0.00		32.00		
3-16	0600	Sac to Burbank		6.00					A	15.00		0.00		21.00		
3-16	2130	Burbank to Sac				18.0	0		A			0.00		18.00		
4-6	0500	Sac to Burbank		6.00					A			0.00		6.00		
4-6	1620	Burbank to Sac							A	15.00		0.00		15.00		
4-23	0800	Sac to Oakland			10.00	18.0	o l		PC			0.00		28.00		
4-23		Oakland to San Diego	122.00	6.00	10.00	18.0	6.00		A			0.00		162.00		
4-24	1900	San Diego							A			0.00		0.00		
6							53					0.00		0.00		
												0.00		0.00		
												0.00		0.00		
(13)												0.00		0.00		
		SUBTOTALS	122.00	18.00	20.00	54.0	6.00	32.00		30.00	0.00	0.00	0.00	282.00		
_ CO		CODE (ACCTG. USE ONLY) CLAIM TOTAL												\$282.00		
Comment of the control of		494 (#P) / 4000 (#	th as as Tongth	ac 1//	28 - 35											
MANUAL INCOMESSION		OF TRIP, REMARKS AND DETAILS (At			Same All residence continues of	TITT					AC		ACCOUNTING OFFICE USE ONLY			
3/16 - 4/6 -	- Met : Partic	Jose to Sac - return from S with staff in the LA Office ipated in the Western Regi	in the AN onal Whit	A and me e House l	t with Ne Forum or	et Chem n Health	Reform				PAID B	Y REVOLVIN	VING FUND CHECK NUMBER			
4/24	- Atter	nded IHA Board of Directo nded Health Care Innovatio arted San Diego					r.									
Pleas	e note	that the Director parks in	short term	parking	as a reaso	onable a	accommo	dation.								
(15)	HEREI	BY CERTIFY That the above is a true so not if mileage rates exceed the minimum	statement of the	e travel exper	nses incurred of operating th	by me in a	ccordance wi	th DPA rules in greater than	in the sei the rate	vice of the State claimed, and that	of Califor I have m	nia. If a priva let the require	tely owned ve ments as pres	hicle was scribed by		
CLAIMA		ections 0750, 0751, 0752, 0753 and 0754 GNATURE	+ pertaining to	vehicle safety DATE	and seat belt		IGNATURE C	F OFFICER A	APPROVI	NG TRAVEL AND	PAYMEI	NT DA	ATE			
2				4-3	30-09	29							4-30-	09		
(17) SP	ECIAL EX	XPENSE AUTHORIZATION - SIGNATU	RE and TITLE	(See Item 17	on reverse)	y						D/	ATE			